

ALABAMA WEST FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH

Board of Pension and Health Benefits – Home Claimants

NEED BASED GRANT APPLICATION – FINANCIAL STATEMENT

Date of Application: _____

Name: _____

Phone Number: _____

Address: _____

Marital Status: Married Single Widowed Divorced

Total Years of Service: _____ Number of Years in the AWF Conference: _____

Applicant's Social Security Number & Social Security Benefit Amount: _____ \$ _____

Applicant's Employment _____

Spouse's Social Security Number & Social Security Benefit Amount _____ \$ _____

Spouse's Employment _____

Applicant's General Board of Pension & Benefits Amount \$ _____

Spouse's General Board of Pension & Benefits Amount \$ _____

Other Sources of Income

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Total Annual Income \$ _____

Amount of Grant Request \$ _____

Expected Use of Grant _____

*Please attach a copy of the most **recent 1040 Income tax from including all schedules**. Also include the **Projected Income Statement from the General Board of Pension and Health Benefits** if you are not receiving pension income at the time application.*

Signed: _____

Date: _____